



TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT 01-JUN-2014		TIME 01:33:00		2. ADDRESS OF OCCURRENCE 1537 N TALMAN AVE, Apt 1 CHICAGO, IL 6062		3. LOCATION CODE 090		4. BEAT/OCCUR 1423		4a. VIDEO RECORDED INCIDENT <input type="checkbox"/> 01 BW <input type="checkbox"/> 02 IN-CAR CAMER <input type="checkbox"/> 03 OTHER REPT VIDEO																																																																																																		
MEMBER INVOLVED	5. POSITION 9161		6. LAST NAME FERGUS		7. FIRST NAME MICHAEL C		8. STAR NO 17370		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE WHI		11. AGE 508		12. HT. 185		13. WT 185																																																																																											
	14. DATE OF APPT. 29-NOV-2004		15. EMPLOYEE NO. ██████		16. UNIT & BEAT OF ASSIGNMENT 014 1423R		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No																																																																																																	
SUBJECT INFORMATION	20. LAST NAME RODRIGUEZ		21. FIRST NAME LUIS		22. M.I. A		23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24. RACE WWH		25. D.O.B. 05-SEP-1981		26. HT. 506		27. WT 165																																																																																													
	28. ADDRESS 3416 S UNION AVE CHICAGO, IL 60616				29. TELEPHONE NO. ██████		30. WAS SUBJECT ARMED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		31. VERBAL THREAT (ASSAULT, FEET, HANDS/FISTS) <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		32. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		33. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No																																																																																															
	32a. IF SUBJECT INJURED, DESCRIBE INJURY <input type="checkbox"/> 01 Fatal <input type="checkbox"/> 02 Non-Fatal - Major Injury <input type="checkbox"/> 03 Non-Fatal - Minor Injury <input type="checkbox"/> 04 Non-Apparent/None				33. WHERE WAS MEDICAL TREATMENT OBTAINED? NORWEGIAN-AMERICAN HOSPITAL SCRATCHES ON LOWER ARMS																																																																																																							
	34. BY WHOM? DR. OYASU				35. CONDITION <input checked="" type="checkbox"/> 01 Apparently Normal <input checked="" type="checkbox"/> 02 Under Influence <input checked="" type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid																																																																																																							
36. CHARGES PLACED ***** PLEASE SEE NEXT PAGE *****																		37. CR NO. 18905520		IR NO. <input type="checkbox"/> DNA																																																																																								
REASON FOR USE OF FORCE (Check all that apply)	SUBJECT'S ACTIONS																																																																																																											
	MEMBER'S RESPONSE																																																																																																											
PASSIVE REGISTER																		ACTIVE REGISTER																		ASSAULT: ASSAULT																		ASSAULT: BATTERY																		ASSAULT: DEADLY FORCE																																				
DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>																		FLED <input checked="" type="checkbox"/>																		IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/>																		ATTACK WITH WEAPON <input type="checkbox"/>																		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM WEAPON <input type="checkbox"/>																																				
STIFFENED (DEAD WEIGHT) <input checked="" type="checkbox"/>																		PULLED AWAY <input checked="" type="checkbox"/>																		OTHER _____																		ATTACK WITHOUT WEAPON <input checked="" type="checkbox"/>																		OTHER _____																																				
OTHER _____																		OTHER _____																		OTHER _____																		OTHER _____																		OTHER _____																																				
MEMBER PRESENCE <input checked="" type="checkbox"/>																		OPEN HAND STRIKE <input type="checkbox"/>																		ELBOW STRIKE <input type="checkbox"/>																		KNEE STRIKE <input type="checkbox"/>																		FIREARM <input type="checkbox"/>																																				
VERBAL COMMANDS <input checked="" type="checkbox"/>																		TAKE DOWN / EMERGENCY HANDCUFFING <input checked="" type="checkbox"/>																		CLOSED HAND STRIKE/PUNCH <input type="checkbox"/>																		KICKS <input type="checkbox"/>																		OTHER _____																																				
ESCORT HOLDS <input checked="" type="checkbox"/>																		OC CHEMICAL WEAPON <input type="checkbox"/>																		IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>																		IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>																																																						
WHISTLOCK <input checked="" type="checkbox"/>																		CANINE <input type="checkbox"/>																		OTHER _____																																																																								
ARMBAR <input checked="" type="checkbox"/>																		TASER (Probe Discharge) <input type="checkbox"/>																																																																																										
PRESSURE SENSITIVE AREAS <input type="checkbox"/>																		TASER (Contact Stun) <input type="checkbox"/>																																																																																										
CONTROL INSTRUMENT <input type="checkbox"/>																		TASER (ARC Cycle) <input type="checkbox"/>																																																																																										
OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/>																		TASER (Spark Displayed) <input type="checkbox"/>																																																																																										
LEAD WITH AUTHORIZATION <input type="checkbox"/>																		OTHER _____																																																																																										
OTHER _____																		OTHER _____																																																																																										
WEAPON DISCHARGE INCIDENT	*OC/CHEMICAL WEAPON AUTHORIZED BY (NAME)																		RANK																		STAR NO.																		UNIT NO.																		40. DID THE INVOLVED MEMBER DISCHARGE A WEAPON ONLY TO DESTROY OR DETER AN ANIMAL? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No																																			
	40a. WAS THIS AN ACCIDENTAL DISCHARGE IN THE CONTEXT OF A NON-CRIMINAL INCIDENT? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No																		40b. DID THIS WEAPON CONTRIBUTE TO A SUBJECT INJURY? <input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No																		40c. DID THE DISCHARGE RESULT IN A SELF-INFLICTED INJURY? <input checked="" type="checkbox"/> 01 No <input checked="" type="checkbox"/> 02 Yes - Subject <input type="checkbox"/> 03 Yes - Member																																																																							
	41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER																		42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors																		43. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial																		44. WEATHER CONDITIONS CLEAR																																																					
	45. MAKE/MANUFACTURER																		46. MODEL																		47. BARREL LENGTH																		48. CALIBER/GAUGE																																																					
	49. TASER PART ID NO.																		50. WEAPON SERIAL No. (Include Labels)																		51. CHICAGO GUN REG. NO.																		52. IL FIREARM OWNER ID. NO.																		53. HANDGUN CERTIFICATE NO.																																			
	54. SPECIAL WEAPON CERTIFICATE NO.																		55. PROPERTY INVENTORY NO.																		56. TYPE OF AMMUNITION USED																		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER																		58. TOTAL NO. OF SHOTS MEMBER FIRED																																			
	59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (Specify)																		60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO																		61. NO. OF CARTRIDGES/SHOT SHELLS RELOADED																		62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)																																																					
	63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)																		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD																		65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO																																																																							
	66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)																		67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 5 FT. <input type="checkbox"/> 02 5 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.																		68. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (Specify)																																																																							
	69. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input type="checkbox"/> 01 SUBJECT <input type="checkbox"/> 02 OTHER PERSON <input type="checkbox"/> 03 ANIMAL <input type="checkbox"/> 04 OBJECT <input type="checkbox"/> 05 SUBJECT & OTHER CATEGORY <input type="checkbox"/> 06 UNKNOWN <input type="checkbox"/> 07 NONE <input type="checkbox"/> 08 ANY OTHER COMBINATION																		70. EVENT NO. 1415201394																		71. R.O. NO. HX284801																																																																							

CASE INFORMATION	NOTIFICATIONS (ALL INCIDENTS): <input type="checkbox"/> IMMEDIATE SUPERVISOR <input type="checkbox"/> DSS OF DISTRICT OF OCCURRENCE NOTIFICATIONS (TASER, OC SPRAY, OTHER CHEMICAL WEAPONS INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> CPIC NOTIFICATIONS (USE OF DEADLY FORCE, FIREARM, IMPACT MUNITIONS, LRAD, CANINE INCIDENT): <input type="checkbox"/> OEMC Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.			70. EVENT NO. 1415201394	
	40. ADDITIONAL INFORMATION				
SIGNATURES	73. REPORTING MEMBER (Print Name) FERGUS, MICHAEL C 01-JUN-2014 07:05:06		STAR/EMPLOYEE NO. 17370	SIGNATURE 	71. R.D. NO. HX284801
	Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.				
74. REVIEWING SUPERVISOR (Print Name) GIBSON, WOODIE D		STAR NO. 1697	SIGNATURE 	DATE REVIEWED TIME 01-JUN-2014 07:06:36	

Additional discharged weapons:

SUBJECT
INFORMATION

38. CHARGES PLACED

725 ILCS 5.0/110-3, 720 ILCS 5.0/12-2-A-16, 720 ILCS 5.0/12-2-A-16, 720 ILCS
5.0/12-3.05-D-4, 720 ILCS 5.0/12-3.05-D-4

☐ DNA

LIEUTENANT OR ABOVE/INCIDENT COMMANDER REVIEW

FOR REPORTABLE USE OF FORCE INCIDENTS, THE FOLLOWING RANKED SUPERVISOR WILL BE RESPONSIBLE FOR REVIEWING AND APPROVAL OF ALL TRR'S FROM THE SAME INCIDENT. 1. THE EXEMPT LEVEL INCIDENT COMMANDER WILL REVIEW AND APPROVE THE FOLLOWING TYPES OF INCIDENTS: (A) THE DISCHARGE OF IMPACT MUNITIONS OR A FIREARM BY A DEPARTMENT MEMBER, EXCLUDING UNINTENTIONAL DISCHARGES WITH NO INJURY AND DISCHARGES TO DESTROY AN ANIMAL. (B) A MEMBER'S USE OF FORCE, BY WHATEVER MEANS, THAT RESULTS IN THE DEATH OR INJURIES LIKELY TO CAUSE DEATH OF ANY INDIVIDUAL. (C) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT IN WHICH ANOTHER MEMBER USED FORCE AS STATED ABOVE. 2. THE ASSIGNED DISTRICT OF OCCURRENCE MEMBER THE RANK OF CAPTAIN OR ABOVE WILL REVIEW AND APPROVE TRR'S FOR THE FOLLOWING INCIDENTS: (A) THE DESTRUCTION OF AN ANIMAL WITH NO HUMAN INJURY, (B) AN ACCIDENTAL WEAPONS DISCHARGE WITH NO INJURY. (C) ANY INCIDENT NORMALLY INVESTIGATED BY A LIEUTENANT WHERE A LIEUTENANT IN THE DISTRICT OF OCCURRENCE IS NOT AVAILABLE. 3. THE ASSIGNED DISTRICT OF OCCURRENCE MEMBER THE RANK OF LIEUTENANT WILL INVESTIGATE ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ INTERVIEW NOT CONDUCTED (Specify Reason)

Subject was unruly and combative and taken directly to 019 lockup.

76. LIEUTENANT OR ABOVE/INCIDENT COMMANDER: COMMENTS

The officer's actions were proper in dealing with a belligerent, combative assailant.

77. LIEUTENANT OR ABOVE/INCIDENT COMMANDER USE ONLY

☒ I HAVE REVIEWED THIS TRR AND COMPLIED WITH THE DUTIES OUTLINED IN 909-02-05.

78. LIEUTENANT OR ABOVE/INCIDENT COMMANDER DETERMINATION

☐ I HAVE CONCLUDED THIS INVESTIGATION FALLS UNDER THE INVESTIGATION AUTHORITY OF THE INDEPENDENT POLICE REVIEW AUTHORITY (IPRA).

☐ LOG NO. _____ OBTAINED

BASED ON THE INFORMATION THAT I HAVE REVIEWED, I HAVE CONCLUDED THAT THE MEMBER'S USE OF FORCE RE:

☐ IN COMPLIANCE WITH DEPARTMENT POLICY AND DIRECTIVES.

☐ NOT IN COMPLIANCE WITH DEPARTMENT POLICY AND DIRECTIVES.

79. LIEUTENANT OR ABOVE/INCIDENT COMMANDER (Print Name)

MULKERIN, MICHAEL J

80.

TRR

OF

TRR(S)

81. TOTAL TRR'S THIS EVENT No

4

SIGNATURE

DATE COMPLETED

TIME

01-JUN-2014 07:58:46

LOG# 1081170
Attachment 19